

The Use of Touch

by Bernd Eiden

At the outset of the Chiron Centre more than 15 years ago, we saw ourselves following very much in the tradition of Wilhelm Reich, defining our work as body-oriented and holistic. The term 'Body Psychotherapy' has emerged as the accepted label for this particular tradition within the field, as for example defined through the EABP - the European Association of Body Psychotherapy.

I would like to reflect on the body in psychotherapy within an integrative framework. The theme of 'integration' has been an important feature over the last few years, and has been strongly in evidence at recent UKCP conferences which have provided a structure for different approaches to dialogue with each other. Several Chiron psychotherapists have contributed with workshops from a body-oriented perspective to further the development of integration between body and mind. There has been a very positive response to our contributions and workshops offered from a body-perspective were well attended. Does this mean that the integration of the body in psychotherapy is moving more into the foreground or is it a reflection of the fact that more body psychotherapists have joined professional bodies, rather than identifying themselves as 'alternative'?

Over years of clinical experience as a body psychotherapist, I have accumulated a wide variety of useful perspectives and ideas about the body. For this particular article, however, I have chosen an issue which at times all psychotherapists struggle with in their practice: the pro's and con's of touch in psychotherapy.

Origins

The debate around touch has become more polarised with the development of Body Therapies. Since the use of touch is an inherent part of Body Psychotherapy, I think it might be useful to return to its origins and discuss the question of touch within its historical context, looking at what we describe as the body/mind split.

Body Psychotherapy has a tradition spanning more than 60 years, beginning with W. Reich who began to include the body in psychoanalysis in the 1930's. Reich (and other analysts like Ferenczi) were experimenting with the use of touch, initially from within an analytic framework. Though Reich was trying to widen that framework in order to address the physiological (more precisely 'vegetative') roots of 'neurosis', he clearly saw himself as an analyst and never quite abandoned the emotional-psychological-relational perspective which he saw as the core of analysis. This was the beginning of a theory of embodied psychotherapy, which radically and fundamentally addressed the body/mind split. Reich proposed that all intellectual insight into the origin and 'cause' of neurosis would only displace and chase the symptoms in circles, unless it was rooted 'dynamically', i.e. energetically, physically, emotionally. Today we might call this view 'holistic'.

In terms of historical development, the body/mind polarities which Reich had very much held together, were split again or emphasised differently later on through some of his pupils and followers. We might say that Reich's practice and his way of using physical interventions (through what he called 'vegetotherapy') was less integrated than his theory, and therefore lent itself to being experimented with. The split between mind and body can be approached from either a 'medical' perspective, i.e. as something to be treated (by a doctor in a patient) or a 'relational' one, i.e. something to be felt and experienced (between two people).

It is possible, though somewhat misleading, to allocate different therapeutic approaches to positions along a body-mind spectrum. Clearly it's not so much a question of the theoretical basis of any approach per se, but more to do with how the practitioner uses their particular theory and technique in relation to the client, i.e. the emotional and symbolic significance which the therapist's approach

acquires in the relationship.

Notwithstanding these difficulties, I would like to structure the next part of this article in terms of these polarities, with

- 1) classical psychoanalysis as the mind end of the spectrum
- 2) post-Reichian body therapies such as Rolfing, Feldenkrais, various forms of massage, Postural Integration etc. as the body end of the spectrum
- 3) Body Psychotherapy comprising those traditions which intend to bridge both, meaning that they are dealing with the body without excluding the mind and the mind without excluding the body.

Chiron Body Psychotherapy emerged out of the tradition of various body psychotherapy approaches, e.g. Gerda Boyesen (Biodynamic), David Boadella (Biosynthesis), Alexander Lowen and John Pierrakos (Bioenergetics), Stanley Keleman (Emotional Anatomy), Jack Rosenberg (Gestalt Body Psychotherapy), and Ron Kurtz (Hakomi). We see ourselves as still in the process of developing the kind of integrative practice which Reich formulated as theoretically possible, especially in terms of the relational aspect of therapy.

Each approach takes a particular stance in relation to the role of touch. Whichever stance we take, we can assume that for each of us our response to touch is rooted in the early experience of touch in our lives and therefore involves all levels of our being. Our attitude to touch inevitably taps into primitive and fundamental aspects of who we each are as individuals. These stances are also reflected in different ways of conceptualising the body in terms of therapeutic theory, notably in relation to the development of the self and to therapeutic change and consequently provide different rationales for touch within the therapeutic relationship.

It is worth looking at these different positions and their implications in terms of theory and technique.

The Role of Touch in the Psychoanalytic Position

Freud used touch in his early work, but abandoned it very quickly when he found that in opening up to the unconscious of the particular group of patients with whom psychoanalysis originated - i.e. 'hysteric women' - his scientific objectivity was severely jeopardised (see Yalom's book). Freud and his colleagues all too soon found out about the dangers of touch within the intimacy of intense transference relationships.

Early analysts were often irresistibly drawn into an inappropriate intimacy with their repressed and seductive clients, and referring patients on to colleagues was often their only solution.

Based on these experiences, no distinction was made in the developing theory between nurturing and sexual touch, as all physical needs were conceptualised as essentially sexual drives which ultimately needed to be sublimated. The assumption was that all touch is necessarily sexualising, or at least gratifying the client and that by such 'acting-out' on the part of the analyst, the development of the transference would be distorted. This in turn would inhibit the patient's capacity for symbolising which was conceived as the main factor which determined the possible success of treatment.

Out of these assumptions the psychoanalytic rules of abstinence, neutrality and non-gratification developed. A 'no touch rule' was established to ensure professional boundaries and to avoid distracting the client from transference with concrete actions. Touch had to be explored in the client's fantasy world, reflecting the primary analytic methodology of language and interpretation.

The English Object Relation School contributed towards a big change by shifting the focus to pre-Oedipal development, thereby demystifying the fear around the exclusively sexual meaning of touch: in validating earlier relational needs not reducible to sexual drives, touch could also have a non-sexual intention. By placing a strong emphasis on the pre-oedipal process, Object Relations

prepared the way for rethinking the meaning of touch in the therapeutic relationship. Further to this Winnicott also provides an argument that touch is not necessarily always gratifying an instinct, and that touch can facilitate a healing bodily experience for the client. The rationale that touch inhibits the process of symbolising implies that the body is related to the concrete literal level and the mind to the symbolic level only - an outdated dualistic concept. It's relevant to say here that further research proves that early body experiences are essential for the development of a self, as well as for the process of symbolising through internalisation.

The Role of Touch in Body Therapies

While psychoanalysis prohibited touch, body therapies declared touch as their purpose based on the ancient tradition in which hands heal the body. Touch can influence one's health and one's mental state. There has been a proliferation of touch therapies in the last 20 years; Feldenkrais, Rolfing or Postural Integration, different massage therapies including Biodynamic Massage, Reiki, Craniosacral Therapy etc. Each of these approaches wants to contact and strengthen the inherent life force within us.

Having taught Biodynamic Massage at Chiron I am familiar with how therapeutic massage relaxes the body tissues, improves posture and stimulates the vascular systems and how hands can soothe client's anxieties and stress and sometimes access their memories and feelings. The rationales for touch are to reduce pain (e.g. headaches), to facilitate biochemical changes, (e.g. decreasing the autonomic arousal states which help to alleviate depression and panics) and to increase the client's capacity for feeling well, and a sense of being soothed and nurtured. Some of these touching methods can facilitate a somato-emotional experience amplified by the therapist's ability to facilitate the emotional process - a process which is moving into the area of Body Psychotherapy and which establishes channels of communication between the body and mind.

The Role of Touch in Body Psychotherapy

In order to be able to distinguish when touch is appropriate and when not, a differentiated and sophisticated perception of energetic contact and a consistent theoretical rationale are required.

The theories of Body Psychotherapy are rooted in Freud's formulation of psychosexual development, but conceptualise the self as embodied, e.g. as experienced in and through the body. Touch becomes a declared tool for intervention and we need to ask what its purpose and what the theoretical foundation is. The body is closely linked to the psychological process. Character is seen as a defence against strong emotions and has the function to bind anxiety in the form of muscular tension, e.g. the 'fight or flight' response which is a specific reaction to stress, an instinctive reflex which, if unexpressed, stays in the body in the form of a postural holding pattern.. Such holding patterns or 'blocking' served to protect the individual against painful and threatening emotional experiences. These body blocks are defensive responses, or resistances to conflicts in all stages of the infant's development, early pre-oedipal stages as well as oedipal conflicts. Thus body and mind are interrelated. Reich added the dimension of the body to Freud's model of ego and internal conflict, in that he saw the ego as controlling impulses and emotions through physiological patterns, e.g. a holding jaw, a tight belly etc.

The use of touch is based on further research (Boadella, Boyesen) in relation to muscle tension, energetic charge, and its connection to the nervous system, its interrelationship with respiration, with the heartbeat and circulation system. The research on these aspects has been developed enormously since Wilhelm Reich and the Chiron work pays particular attention to the monitoring of the autonomic nervous system. Through gentle touch autonomic responses are elicited such as a deeper respiratory response, a spontaneous movement of a limb, an internal tremor or shaking and so on.

There are several separate methodological applications of touch emphasised by body

psychotherapists. One is that touch is applied to reduce body armour. This is a basic Reichian principle where the body psychotherapist palpates and may press a certain muscle group to dissolve tension and free inhibited impulses raising the energy, as muscle tension decreases the energy level. At the same time the psychotherapist is aware of transferential issues and aims to take them into consideration - specifically in relation to the timing of applied use of such methods. This way of working could be experienced as intrusive and possibly traumatising leading to uncontrolled catharsis and exaggerated emotional release, and over time, gentler forms of Body Psychotherapy have emerged.

They include the use of touch to facilitate a sense of safety and containment. Touch can be soothing and can provide a sense of holding and comfort. It can provide a boundary to contain overwhelming emotions and serves as a corrective emotional experience. The psychotherapist's touch conveys to the client the message "I am present with you". From my own experience I would emphasise the importance of this function, especially for those clients who have suffered touch deprivation in infancy. It does provide a gratification for early unfulfilled needs and enables the client to get a sense of the bodily self. To provide physical holding can therefore be an important phase in the work with a client, to be replaced later by other kinds of holding - paralleling child development where mental functions gradually replace the physical holding of the caretaker. Physical holding is necessary in order to develop ego capacities for containing strong emotions.

A. Lowen emphasises the effect of physical holding in the term he coined 'grounding.' A client's fear of strong emotions corresponds to a fear of losing control and the experience of achieving control by being helped to experience the body as an anchor and container can be important.

Touch can provide a non verbal form of safety. Some individuals experience a stronger contact with themselves through touch and can allow inner sensations and internal movement as a result of tactile stimulations. This can provide a unifying bodily experience to replace the disjointed and fragmented one which may be the experience of the body for some individuals.

Another purpose is that touch can bridge the gap between physiological awareness and feelings e.g. instead of being overwhelmed, the client can attend to the body by sensing how she/he is overwhelmed. The client can observe his/her psychological state. Montagu calls touch 'the authentic voice of feeling'. Through exploring sensations and perceptions the client may find its emotional meaning, so touch facilitates a body/mind integrative process - a body/mind model which is informed by research on neuro-chemical pathways of body/mind interactions. As neurons in the brain stem can be very sensitive to tactile stimuli, touch can lead to relaxation or heightened awareness or mindfulness. The client becomes aware of sensations and feelings in the body that are not available in ordinary consciousness. We compare this method to the psychoanalytic method of free association which serves to access the unconscious. The Body Psychotherapist believes that the body stores the necessary data and any physiological stimuli can become emotionally meaningful.

Touch can also be applied to elicit body memories. Trauma research has found that dissociation and disembodiment are frequent responses to childhood trauma. There are numerous case examples illustrating how clients recover spontaneous memory through touch.

I have personally gained great respect for the potential and risks in using touch. We are teaching psychotherapists at Chiron to touch 'contactfully' and to process touch through their own autonomic nervous system and to feel palpably when the client's skin tissues are communicating 'yes' or 'no'. Body Psychotherapy can have specific benefits in the treatment of trauma - a topic beyond the scope of this article.

I want to leave it up to the reader now to reflect on the usefulness of touch in psychotherapy and how the different models I presented could be integrated. Could we integrate touch into therapeutic methods that do not have concepts for touch? It would certainly demand more training in the use of touch to be able to differentiate the many aspects of touch. The absolute exclusion of any sexual touch is necessarily guaranteed. Surely we contribute to our client's apprehension about touch when

we refrain from touch in psychotherapy. By not using touch in psychotherapy we leave our clients with their unresolved issues around touch and it is then up to them to sort these out in their most private moments, though they are confronted by their deepest needs and discomfort through their issues with touch. I believe that psychotherapists often refrain from touch out of fear rather than belief. With the threat of litigation therapists are no more willing to experiment with touch than 20 years ago. Since touch has been proven to be essential to the growing infant, it must be important throughout our life. Touch speaks a simple language we all understand. The profession of psychotherapy cannot afford to be untouched any longer.

Further reading:

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